

Interim Guidance for New Admissions or Return of Residents to Long-term Care Facilities

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Due to the COVID-19 pandemic, it is likely that the healthcare system could experience increased patient volumes with limited availability of beds and personal protective equipment (PPE) supplies. Coordination of patient discharges from hospitals to long-term care facilities (LTCF) and admissions of new residents to LTCFs will be important to help ensure delivery of the best care possible. The following guidance is intended for LTCF for management of incoming residents.

Isolation Capability Reporting

Long-term care facilities are expected to respond daily to a brief survey from their respective Regional Medical Coordination Center (RMCC). These reports will be used to understand and support facility needs and to aid the facilitation of a hospital discharge to a long-term care facility setting. Facilities are expected to report:

Question	Definition
What was your previous day's census?	Total number of residents at the facility
How many laboratory confirmed COVID-19 residents do you have now?	Total number of laboratory confirmed COVID-19 residents at the facility
Is staffing maintaining or declining?	Maintaining "M" normal staffing Decreasing "D" from normal staffing
Do you have a PPE or other resource needs within the next 96 hours?	Yes "Y", there are immediate PPE or Medical Resource needs in the next 96 hours No "N", there are no known PPE or Medical Resource issues or needs in the next 96 hours.
Does your facility have dedicated space to isolate or quarantine patients that are either suspected to have COVID or COVID Positive?	Yes "Y" the facility has a separate set of rooms, such as a separate hallway, wing, or unit with staff dedicated only to the isolated area to isolate and quarantine suspect or COVID positive residents No "N" the facility does not have a dedicated isolation or quarantine area for residents
Is your facility currently accepting new patients or patients discharged from the hospital that are suspected or confirmed COVID positive?	Yes "Y" your facility is accepting patients that are either suspected or confirmed COVID positive No "N" your facility is not accepting patients that are either suspected or confirmed COVID positive
What is the total capacity of the designated isolation or quarantine area?	Total number of residents that can be isolated or quarantined in the designated isolation or quarantine area

How many beds are currently available in the designated isolation or quarantine area?	Total number of available beds in the isolation or quarantine area capable of accepting a resident today.
• Total number of residents tested?	Total number of current residents that have been tested for COVID
• Total number of staff on roster?	Total number of staff on the facility roster
• Total number of staff tested?	Total number of staff that have been tested for COVID
• Current Reopening Phase for the facility?	Phase 1 Phase 2 Phase 3 As defined in Iowa Guidance on Phased Easing of Restrictions for Long-Term Care Facilities Updated August 10, 2020 located at: https://idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus/Long-Term-Care
• What is your current facility status?	Green: Routine operations, manageable use of resources, manageable staffing, and normal level of care provided. Yellow: Modified operations to provide functionally equivalent care – care provided is adapted from usual practices. For example, in 2-4 days the facility will have significant staffing, equipment, PPE shortages that will significantly affect delivery of resident care. Red: Operations are exceeding capacity. There are critical shortages of staffed beds, equipment or supplies. White: Facility has not reported for the day. Data will revert to the last available data points to include date and time stamp. Color will remain White unit they report for the day.

Patient Testing

The Iowa State Hygienic Laboratory will accept specimens for patients being discharged from a hospital to a nursing facility, but test results should not delay timing and completion of an otherwise clinically appropriate discharge. A negative test at the point of discharge still requires adherence to precautions including isolating of new admissions, cohorting of staff, and appropriate use of PPE as recommended by IDPH.

Infection Control Practices

All facility staff should wear a face mask or cloth face covering while in the facility in accordance with [COVID-19: Strategies for Optimizing the Supply of PPE](#). All HCP should wear appropriate PPE when interacting with residents who are suspected or confirmed to have an infectious disease, including COVID-19. Proper selection and use of PPE is based on the pathogen, the nature of the patient interaction, and potential exposure to blood, body fluid, and/or infectious material. All recommended COVID-19 PPE should be worn during care of residents who are suspected or confirmed of COVID-19, which includes face mask,

eye protection, gloves, and gown. All hospitalized patients suspected or confirmed to have COVID-19 and ready for discharge to a long-term care facility should be discharged to a facility that has PPE resources available and is able to use PPE in accordance with IDPH guidance and can adhere to infection prevention and control recommendations for the care of COVID-19 patients.

Guidelines for Admissions

IDPH recommends that all new admissions or returning residents, no matter the source, test result, or COVID-19 status, be quarantined for a minimum of the first 14 days of their stay.

Nursing facilities accepting new or returning residents (including those clinically ready for hospital discharge) should be capable of designating an isolated area and should designate dedicated staff who are distinct from staff caring for other residents. These new or returning residents include those with:

- A Pending COVID-19 test;
- Undiagnosed, active respiratory symptoms; or
- Any other discharged individuals with an unknown status.

When cohorting residents, and if facility space allows, it is recommended to cohort known COVID-19 positive residents, cohort new admissions with an unknown status, and cohort current, healthy asymptomatic residents, separately from each other with designated staffing for each group.

Coordinating for Alternate Admission Locations

Not all LTCFs have the ability to accept transfers or admissions during these pandemic conditions, potentially due to lack of isolation capabilities, inability to provide dedicated staffing, or inability to comply with PPE guidelines.

If a LTCF is not able to accept new suspect or confirmed COVID positive admissions, the facility must clearly indicate this status in the daily regional medical coordination center (RMCC) survey.

If a LTCF transfers a resident to a hospital and the LTCF is unable to accommodate the resident's return, the discharging hospital and primary LTCF shall work cooperatively, with assistance as needed from the RMCC, on discharge planning and shall work to discharge the patient to an appropriate setting as quickly as possible. Family members, the legal guardian, and/or the responsible party of the patient shall be consulted during discharge planning.

The RMCC role will be limited to assistance in identification of LTCFs that have indicated current capacity to accept new and returning residents. Final arrangements regarding admissions, transfers, and transportation remain the responsibility of the discharging and/or receiving facility.

Resources

Please see *Admission Best Practices* recommended by Leading Age Iowa and Iowa Health Care Association, here:

<https://www.leadingageiowa.org/assets/Admission%20Best%20Practices%20Updated.pdf>

Additional Resources for nursing facilities relating to creating a COVID-19 isolation or quarantine unit can be found here:

<https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Cohorting.pdf